PART B - FEE(S) TRANSMITTAL Complete and send this form together wit olicable fee(s), to: <u>Mail</u> Mail Stop ISSUE Commissioner for P.O. Box 1450 JUL 1 8 2006 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 INSTRUCTIONS: This form should be used for transacting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence address as indicated unless corrected below or directed where in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 05/17/2006 7590 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. SUGHRUE, MION, ZINN MACPEAK & SEAS, PLLC 2100 Pennsylvania Avenue, N.W Washington, DC 20037-3213 (Signature) (Date) FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO FILING DATE Q60128 9140 Patrick Humbert 09/694,057 08/07/2000 TITLE OF INVENTION: APPARATUS FOR SUPPORTING A PREFORM HAVING A SUPPORTING CORE TOTAL FEE(S) DUE DATE DUE APPLN, TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE \$1400 08/17/2006 NO \$1400 \$0 nonprovisional CLASS-SUBCLASS **EXAMINER** ART UNIT HOFFMANN, JOHN M 1731 065-484000 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list I SUGHRUE MION, PLLC CFR 1.363). (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. agents OR, alternatively, (2) the name of a single firm (having as a member a ☐ "Fee Address" indication (or "Fee Address" Indication form registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) AMSTERDAM, NETHERLANDS DRAKA COMTEQ B.V. ☐ Individual ☐ Corporation or other private group entity ☐ Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4b. Payment of Fee(s): 4a. The following fee(s) are enclosed: Issue Fee A check is attached for the NOA Fees payment. Please ☐ Publication Fee (No small entity discount permitted) charge any payment deficiency and credit overpayment to t any overpayment, to copy of this form). ☐ Advance Order - # of Copies PODA 19-4880. A duplicate copy of this form is attached. 5. Change in Entity Status (from status indicated above) □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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